

GROUP PROGRESS NOTE

- WHEN:** This form is required to document services provided that are billed to the following CPT codes: 90853 or 90857.
Only one service contact is recorded per form.
Note: This form may also be used to document other group mental health services at the discretion of the service provider.
- ON WHOM:** All clients receiving services that will be billed to CPT codes 90853, or 90857.
- COMPLETED BY:** Staff delivering services within scope of practice.
Note: When more than one staff member provides services, one staff member may write the progress note for all staff; but the role/function of each staff member participating must be documented.
- MODE OF COMPLETION:** Legibly handwritten, typed or word processed on form HHSA:MHS-924.
- REQUIRED ELEMENTS:** The progress note must include the following information:
- ✓ Date of service
 - ✓ CPT/HCPCS code
 - ✓ DSM-IV-TR/ICD-9 diagnosis code(s)
 - ✓ Location of service
 - ✓ Group formula
 - ✓ Provider staff ID
 - ✓ Provider co-staff ID
 - ✓ Face to face time (direct time)
 - ✓ Total time
 - ✓ Signature, title, credential
 - ✓ Date of documentation
 - ✓ Printed name or use of stamp
- Refer to Documentation Requirements Grid for specific required elements that pertain to the CPT code billing to. Documentation to address the relevant following parameters if indicated:
- What happened during therapy in relation to the initial findings?
 - What therapeutic interventions were used?
 - What was client's response to the interventions used?
 - What progress is made toward the treatment goal?
 - Are any new obstacles to treatment discovered?
 - Are there any revisions to diagnosis or therapeutic plan?
 - Have any referrals been made for other therapy?
 - Have any consultations been made to obtain additional diagnosis or treatment recommendations?
- All entries into a client record must contain a signature and include the professional license and/or degree, and/or job title of the service provider. In addition, to ensure legibility, the entry must also contain either the service provider's printed name or stamp, either of which also bears the professional license and/or degree, and/or job title. All entries into a client record must also contain both the date the service was provided and the date of documentation.

BILLING:

Note in the designated box on the form the procedure code and the total number of minutes.

To calculate total number of minutes include preparation time, interview time, and documentation time. Also note in the designated box on the form the number of minutes spent solely as face-to-face time (direct time).

For example: Total: 120 Minutes

Direct: 60 Minutes